

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

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| 1. THRU (Include ZIP Code) COMMANDER BDE ADDRESS | 2. TO (Include ZIP Code) COMMANDER, USAARMC ATTN: IMSE-KNX-HRM-PR FORT KNOX, KY 40121-5000 | 3. FROM (Include ZIP Code) COMMANDER BATTALION ADDRESS |
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SECTION I - PERSONAL IDENTIFICATION

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|---|--|--|
| 4. NAME (Last, First, MI) DOE, JOHN D. | 5. GRADE OR RANK/PMOS/AOC SFC/19K48 | 6. SOCIAL SECURITY NUMBER 123-45-6789 |
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

| | | |
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| <input type="checkbox"/> Service School (Enl only) | <input type="checkbox"/> Special Forces Training/Assignment | <input type="checkbox"/> Identification Card |
| <input type="checkbox"/> ROTC or Reserve Component Duty | <input type="checkbox"/> On-the-Job Training (Enl only) | <input type="checkbox"/> Identification Tags |
| <input type="checkbox"/> Volunteering For Oversea Service | <input type="checkbox"/> Retesting in Army Personnel Tests | <input type="checkbox"/> Separate Rations |
| <input type="checkbox"/> Ranger Training | <input type="checkbox"/> Reassignment Married Army Couples | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Change of Name/SSN/DOB |
| <input type="checkbox"/> Exchange Reassignment (Enl only) | <input type="checkbox"/> Officer Candidate School | <input checked="" type="checkbox"/> Other (Specify) Request for Voluntary Retirement |
| <input type="checkbox"/> Airborne Training | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | |

9. SIGNATURE OF SOLDIER (When required)
(Soldier's signature)10. DATE (YYYYMMDD)
20060103**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

- IAW AR 635-200, chapter 12, I request voluntary retirement effective (dd/month/yyyy) _____.
- I understand that I must submit this request in a timely manner (NET 12 mo. and NLT 9 mo. prior to retirement date).
- Authorized Transition Point: _____.
- Requested Transition Point (at no expense to the government): _____.
- I (have/have not) met all service remaining obligations and (do/do not) require a waiver. (Include justification if applicable).
- I (am/am not) currently on the DA promotion selection list. Sequence # _____.
- I (am/am not) currently flagged per AR 600-8-2.
- I (have/have not) been alerted for assignment instructions (cycle # and date) _____.
- I (did/did not) elect to take the Career Status Bonus (CSB).
- I tentatively request transition leave starting _____ ending _____. Requested PTDY dates: _____.
- I am aware that my spouse and I must be counseled on the Survivor Benefit Plan (SBP) 60 days prior to date of retirement.
- Copy of retirement ceremony information sheet (is/is not) enclosed (applicable to USAARMC soldiers and soldiers who desire to participate).
- AKO email address: _____.
- Duty # _____, Home # _____. Spouse's name: _____.
- Current mailing address: _____.
- Mailing address after retirement: _____.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

| | | |
|--|---------------|---------------------------------|
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE Commander's Signature Block | 13. SIGNATURE | 14. DATE (YYYYMMDD) 20060104 |
|--|---------------|---------------------------------|